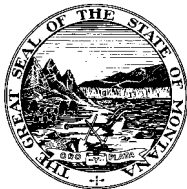


STATE OF MONTANA

Prepare, sign and submit an ORIGINAL AND COPY with fee.

This is the minimum information required.

APPLICATION *for* REGISTRATION
or RENEWAL of ASSUMED BUSINESS NAME



MAIL TO: MIKE COONEY
Secretary of State
P.O. Box 202801
Helena, MT 59620-2801
☎(406)444-3665

(This space for use by the Secretary of State only)

Form: **ABN-1**
Filing Fee: \$20.00

PLEASE CHECK ONE BOX:

- ☐ Registration of ABN(30-13-203, MCA) \$20.00
☐ Renewal of of ABN(30-13-207, MCA) \$20.00

☐ **Priority Filing Add \$20.00**

► **FIRST:** The Assumed Business Name is _____

► **SECOND:** The description of the business transacted under the Assumed Business Name: _____

► **THIRD:** The name of Montana county or counties in which business is transacted (check one):

☐ All Counties

☐ Other (Please list) _____

Note: If this filing is a Renewal, the county or counties where business is transacted must match the original filing or the Renewal will be rejected.

► **FOURTH:** The name and address of the applicant are as follows:

Name _____

Mailing Address _____

_____ Zip Code _____

► **FIFTH:** For ABN Registration, the date of first use by the applicant of the ABN: _____
(Mo\Day\Yr)

► **SIXTH:** The applicant is (check one and complete where appropriate):

- ☐ A Corporation
☐ A Limited Liability Company
☐ Association (Attach the names and addresses of members)
☐ An Individual
☐ Other _____
☐ Limited Liability Partnership
☐ A Partnership, and the names and addresses of the partners are:

► **I, HEREBY SWEAR AND AFFIRM,** under penalty of law, that the facts contained in this Application are true.


Signature of Applicant


Date

PLEASE NOTE: The name to be registered cannot include the words "corporation," "company," "incorporated," "limited," or an abbreviation of one of these except when the applicant is a corporation.


Application for Registration or Renewal of ABN

HELP SHEET

 You may request priority filing of your document. Simply mark the “priority filing” box and include an additional \$20.00 with your filing fee. Priority filing ensures that your application will be handled within 24 hours of receipt of the document by our office.


 Please type or clearly print the requested information.

Article First

 When listing the name to be registered, please type or print clearly, emphasizing the spaces in the name, especially between initials.

An Assumed Business Name may not contain or be followed by any of the words or abbreviation of the words "corporation", "company", "incorporated", or "limited" unless the business is a corporation, limited partnership, limited liability company, or limited liability corporation. (30-13-202, MCA)

Article Fourth

 If mailing address changes, be sure to notify the Secretary of State's office as this listing is used to notify the applicant of needed renewals.


Article Fifth

 You may register an Assumed Business Name up to 90 days prior to beginning business.


Please indicate a month, day and year. If first date of use is when you register, please put "upon approval".


There is no penalty if you conducted business under the name prior to the date of application. This date simply establishes your right to the use of the name.

Article Sixth


 If the name of the partnership is different from the assumed business name, the partnership name must also be registered with the Secretary of State (not necessary for a limited liability partnership).

If the applicant is a limited partnership or a corporation, the limited partnership or corporation must be registered with the Secretary of State.

 Upon completion, mail the original, one **copy**, and the correct filing fee to the Secretary of State, PO Box 202801, Helena, MT 59620-2801.

 The Secretary of State will send a letter of acknowledgement once your document has been filed with our office.

 Registration of Assumed Business Names needs to be renewed every five years. (30-13-206, MCA)

 If you have any questions regarding this form, please contact the Secretary of State, Business Services Bureau at (406) 444-3665.